

Case Number:	CM14-0067371		
Date Assigned:	07/11/2014	Date of Injury:	03/14/2012
Decision Date:	06/09/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 43-year-old female who sustained an industrial injury on 03/14/2012. She reported neck pain, left elbow pain, and wrist pain. The injured worker was diagnosed as having cervical disc syndrome; lumbar disc syndrome; rule out DeQuervain's tenosynovitis'; left elbow lateral epicondylitis; left elbow ulnar nerve compression; left wrist carpal tunnel syndrome. Treatment to date has included wrist braces, and medications. Currently, the injured worker complains of neck pain rated 7/10, left elbow pain rated 7/10, and left wrist pain rated 7/10. She states the pain radiates to the fingers on the left and is accompanied by numbness and tingling. Repetitive hand or arm movements makes the pain worse and medications such as the Medrox patches and topical creams, accompanied by rest, activity avoidance and use of a brace helps alleviate the symptoms. All ranges of motion of the cervical spine are limited by pain. Grip strength in the left hand is approximately half that of the right (she is right hand dominant), and Spurling's test and foraminal compression test are noted positive bilaterally. All active ranges of motion of the left elbow are limited by pain. All active ranges of motion of the left wrist are limited due to pain and spasm. Upper extremity motor exam is normal with exception of elbow extensors, which are 4/5 at C-6 and 4/5 on the right and 3+ /5 on the left at C-7. Finger Abductors (C-8) are 4/5 on the right and 3+/5 on the left. An Unknown prescription of Medrox Patches is requested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Unknown prescription of Medrox Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical and Salicylate topicals and Topical Analgesics Page(s): 28 and 105 and 111-113.

Decision rationale: Unknown prescription of Medrox Patches is not medically necessary per MTUS guidelines. The MTUS states that topical analgesics are largely experimental. Medrox Patch consists of Methyl Salicylate 5%; Menthol 5%; Capsaicin 0.0375%. Per MTUS, guidelines there are no studies of a 0.0375% formulation of capsaicin and there is no evidence that this strength over a 0.025% formulation would provide any further efficacy. Per guidelines, salicylate topicals including methyl salicylate and menthol are recommended however, the patch formulation of both of these formulations in combination with Capsaicin are not specifically mentioned in the MTUS. The documentation does not reveal extenuating circumstances, which would necessitate going against guideline recommendations and using this product with strength of Capsaicin that is not supported by the MTUS. The patient is using Medrox Patches but does not have evidence of significant functional improvement. The request does not specify a quantity of Medrox Patches. For all of these reasons Medrox Patches is not medically necessary.